MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/563,420	FILING DATE
APPLICANT(S)	

(FOR USE WITH FORM PTO-875)								
C								
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1.	·						
3		1						
4		25		+				
5				1				
6	• ;							
7			<u> </u>	11				
8.	:	· · · · ·	•	/		ļ		
10		·	-			 		
11:	:	• •						
12	ļ		:					
13	!		ı		***			
15				•				
16				:	<u> </u>			
17								
18 19								
20	 							
21			:					
22	·							
23								
24 25				•				
26					<u> </u>			
27								
28					,			
29 30	·					•		
31								
32								
33								
34 35			•					
36								
37			•					
38								
39 40								
41						7 7		
42								
43					·			
44	 					<u>.</u>		
45 46								
47								
48								
49								
50								
TOTAL IND.	لبا	+	لبل	*		-		
TOTAL DEP.	4	←	8	+		4		
TOTAL CLAIMS	5		4					

AS							
	AS FILED		AF 1"AME	TER NDMENT		AFTER 2 AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
55 56							
57			<u> </u>				
58							
59		•					
60					·		
61 .							
62				•			
63 64					· .		
65				•			
66							
67							
68					······································	,	
69							
70	<u>.</u>						
71							
72 73						·	
74				-			
75							
76							
77							
78							
79							
80 81							
82							
83			~				
84							
85							
86							
87				-			
88 89							
90							
91	14						
92							
93							
94							
95							
96	 						
98							
99							
100							
TOTAL IND.		#		+		#	
OTAL DEP	•	(-	•	(-		-	
TOTAL CLAIMS	2 A A A A A A A A A A A A A A A A A A A		强				

U.S. DEPARTMENT of COMMERCE